



SECTION 3: Facility Contact Information			
Name and Title of Primary Applicant:			
Telephone No.: (      )	Email Address:		
Name and Title of Second Applicant (if applicable):			
Telephone No.: (      )	Email Address:		
Name and Title of Board Chair:			
Telephone No.: (      )	Email Address:		
Corporation Name (if applicable):			
Mailing Address:			
City:	State:	Zip:	County:
Telephone No.: (      )	Fax No.: (      )		

SECTION 4: Facility Information			
<b>Demographic Information:</b>			
Number of Children to be served: _____	Age Range: from ____ to ____		
Maximum SFMO capacity of facility (if known): _____	Gender: Male _____	Female _____	Co-Ed _____
<b>Source of Water Supply:</b>			
<input type="checkbox"/> Municipal	<input type="checkbox"/> Well	<input type="checkbox"/> Other: _____	
<b>Current Licenses / Certificates:</b> List any licenses currently held by Organization:			
Type	Terms	Expiration Date	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
<b>Waiver Request:</b> If you are requesting a waiver/exception or an extension, please attach waiver request form.			

**SECTION 5: Staff Roster**

Complete the following information. Use additional paper if necessary.

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

**SECTION 6: Submission**

Please submit the following documents with your completed application:

- Staff roster with Hire Dates
- Water test, as applicable
- Updated and new policies
- An updated budget and financial report which demonstrates the facility's financial capability to carry out its program for the licensing period
- Any documentary information which has changed since the time of its previous application including, but not limited to, a change in policies, a change in the organizational chart, or a change in programming

In addition, first time applicants must also submit:

- Statement of purpose which specifies philosophy, purposes, short and long term aims, types of services provided, characteristics of residents to be served
- Program description
- Statement of ownership, incl. names and addresses of principal owners, officers and directors
- Organizational chart
- List of governing body members, identifying office held by the member and contact information
- Parent and resident handbook
- Emergency, disaster, hazard and evacuation plan
- Close of business pan
- Fire inspection form
- Articles of incorporation
- Certificate of occupancy
- Lead test results (if applicable)
- Complete policy manual (see section 4.A.1. of Rules for policies required)
- Water tests
- Description of location and sketch of the floor plan
- Sample resident file

**SECTION 7: Declaration**

I/We have reviewed and read the Children’s Residential Care Facilities Licensing Rule, 10-148, Chapter 35. I/We understand that this application authorizes representatives of the Department of Health and Human Services and the State Fire Marshal’s Office to make such visits and inspections as may be necessary to ensure that the facility is in compliance with the laws and rules pertaining to operation.

I/We further certify that all information contained in this application is complete and accurate.

<b>Print name of Applicant/Operator/Administrator</b>	<b>Signature of Applicant/Operator/Administrator</b>	<b>Date</b>
<b>Print name of 2<sup>nd</sup> Applicant (If Applicable)</b>	<b>Signature of 2<sup>nd</sup> Applicant (If Applicable)</b>	<b>Date</b>
<b>Print name of Board President (If Applicable)</b>	<b>Signature of Board President (If Applicable)</b>	<b>Date</b>